03-24-1999 90061 046 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	i wame	J20592 ONDITIONING &		ERATION, INC.						
Principal Place	of Business	 	Mailir	ng Address					01011 61611 71011 01011 01	
880 NE 42ND ST. OAKLAND PARK FL 33334				OAKLAND PARK FL 33334				DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualifed		
				. <u> </u>				06/02/1986		
2. Principal Place of Business			2a. M	2a. Mailing Address				4. FEI Number	<u> </u>	lied For
21			26					59-2718070		Applicable
Suite, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	I
City & State	3	,		ity & State				6. Election Campaign Financing	\$5.00	vlay Be
23		,	28					Trust Fund Contribution	Added to	Fees
Zip		Country	Zi	P	Count	try		8. This corporation owes the current y		\
24	2		29	30)			Personal Property Tax.		□No
	9. Name a	nd Address of Curre	nt Register	ed Agent				10. Name and Address of New Regis	stered Agent	
EOD	OHTANIAELIC	MACCED			8	31	Name			
FOROUZANMEHR, NASSER						32	Street Addr	ess (P.O. Box Number is Not Acceptable)	· ·	i
880 NE 42 ST. Oakland Park Fl 33334										<u> </u>
OANDAND FARN FL 33334				83				(_	
,						84	City		FL 85 Zip C	ode
office or r	egistered ager m familiar with	nt, or both, in the State, and accept the obligation	of Florida. ations of, So at and title if ap	such change was aurrection 607.0505, Florid	a Statut	es.	ne corporation		ATE	
12.		OFFICERS A	ND DIRECT	D DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	Addition
TITLE	PD					1.1 TITLE		.>	[] Criange	, LLI AGGIRGII
NAME		MEHR, NASSER		1.2 N						
STREET ADDRESS		51ST. CT. APT # B	-26			1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL			— 1.4 CI ☐ DELETE 2.1 TI			ZLP -	<u> </u>	Change	Addition
TITLE	DELETE				2.1 TITLE 2.2 NAME				Ç 4zş-	
NAME					ł	-	ADDRESS			
STREET ADDRESS	:55			2. 4 CITY-1			- 1		• •	}
CITY-ST-ZIP TITLE				☐ DELETE	3.1 TITL		-219		☐ Change	Addition
NAME .			•		3.2 NAM	-				}
STREET ADDRESS							ADDRESS			ł
CITY-ST-ZIP					3.4. CITY					
TITLE				DELETE	4,1 TITL				☐ Change :	- 🖸 Addition
NAME					4. 2 NAA	ME				}
STREET ADDRESS					4.3 STR	EET A	ADDRESS		•	
CITY-ST-ZIP		_			4.4 CETY	Y-ST-	ZIP	·		
TITLE				☐ DELETE	5.1 TITU	E			Change	Addition
NAME					5.2 NAM					}
STREET ADDRESS							ADDRESS			
CITY+ST-ZIP					5.4 CITY		ZIP		——————————————————————————————————————	
TITLE				☐ DELETE	6.1 TITL	E			Change	Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address; with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR